

1093  
07/31/01

Please type a plus sign (+) inside this box → +

PTO/SB/05 (03-01)

AIA valid for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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68-01-01  
Attorney Docket No. 00CXT0725N-1

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

First Inventor Galbi

Title Method for Automatic Resource Reservation and Communication that Facilitates Using multiple Processing Events for a Single Processing Task

Express Mail Label No. EL 665862479US

1093  
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07/31/01**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 34]  
*(preferred arrangement set forth below)*
  - Descriptive title of the Invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (*if filed*)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 9]
- Oath or Declaration [Total Pages ]  
 a.  Newly executed (original or copy)  
 b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for a continuation/divisional with Box 18 completed)*
  - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. §3.73(b) Statement  Power of Attorney (*when there is an assignee*)
11.  English Translation Document (*if applicable*)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s) (*if foreign priority is claimed*)
16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

|   |       |   |
|---|-------|---|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 28286 | or <input type="checkbox"/> Correspondence address below<br>(Insert Customer No. or Attach bar code label here) |
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| Name    |           |  |          |  |
| Address |           |  |          |  |
| City    | State     |  | Zip Code |  |
| Country | Telephone |  | Fax      |  |

|                   |                      |                                   |         |
|-------------------|----------------------|-----------------------------------|---------|
| Name (Print/Type) | Eugene G. Kim        | Registration No. (Attorney/Agent) | 46,267  |
| Signature         | <i>Eugene G. Kim</i> | Date                              | 7/31/01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 808)

## Complete If Known

|                      |             |
|----------------------|-------------|
| Application Number   | applied for |
| Filing Date          | herewith    |
| First Named Inventor | Galbi       |
| Examiner Name        | unknown     |
| Group / Art Unit     | unknown     |

Attorney Docket No. 00CXT0725N-1

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

|   |                          |
|---|--------------------------|
| Deposit Account Number  | 03-1725                  |
| Deposit Account Name  | Chrisman Bynum & Johnson |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |                          |

2.  Payment Enclosed:

Check     Credit card     Money Order     Other

## FEE CALCULATION (continued)

| 3. ADDITIONAL FEES         |                            | Fee Description | Fee Paid |
|----------------------------|----------------------------|-----------------|----------|
| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) |                 |          |
| 105                        | 130                        | 205             | 65       |
| 127                        | 50                         | 227             | 25       |
| 139                        | 130                        | 139             | 130      |
| 147                        | 2,520                      | 147             | 2,520    |
| 112                        | 920*                       | 112             | 920*     |
| 113                        | 1,840*                     | 113             | 1,840*   |
| 115                        | 110                        | 215             | 55       |
| 116                        | 390                        | 216             | 195      |
| 117                        | 890                        | 217             | 445      |
| 118                        | 1,390                      | 218             | 695      |
| 128                        | 1,890                      | 228             | 945      |
| 119                        | 310                        | 219             | 155      |
| 120                        | 310                        | 220             | 155      |
| 121                        | 270                        | 221             | 135      |
| 138                        | 1,510                      | 138             | 1,510    |
| 140                        | 110                        | 240             | 55       |
| 141                        | 1,240                      | 241             | 620      |
| 142                        | 1,240                      | 242             | 620      |
| 143                        | 440                        | 243             | 220      |
| 144                        | 600                        | 244             | 300      |
| 122                        | 130                        | 122             | 130      |
| 123                        | 130                        | 123             | 130      |
| 126                        | 180                        | 126             | 180      |
| 581                        | 40                         | 581             | 40       |
| 146                        | 710                        | 246             | 355      |
| 149                        | 710                        | 249             | 355      |
| 179                        | 710                        | 279             | 355      |
| 169                        | 900                        | 169             | 900      |
| Other fee (specify) _____  |                            |                 |          |

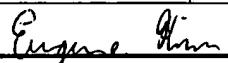
\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

## SUBMITTED BY

## Complete (if applicable)

|                   |   |                                  |        |           |                |
|-------------------|---|----------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Eugene G. Kim   | Registration No. Attorney/Agent) | 46,267 | Telephone | (303) 546-1300 |
| Signature         |  |                                  |        | Date      | 7/31/01        |

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